

Case Number:	CM15-0067509		
Date Assigned:	04/15/2015	Date of Injury:	05/01/2013
Decision Date:	05/19/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/09/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 53 year old male who sustained an industrial crush injury to his right leg from a 25,000 pound light duty steel on 05/01/2013. The injured worker was diagnosed with right leg crush injury and grade II chondromalacia right knee. The injured worker is status post right knee arthroscopic excision of a large synovial plica, partial medial and lateral meniscectomy in September 2013 and left knee arthroscopy excision of synovial plica, a synovectomy three-compartment, chondroplasty of the inferior pole of the patella and partial and medial meniscectomy of the anterior horn on June 12, 2014. Treatment to date has included conservative measures, activity limitations, right and left knee surgeries, physical therapy and medications. According to the primary treating physician's progress report on March 10, 2015, the injured worker continues to experience pain radiating into the left leg and knee. Symptoms include swelling, tingling, burning and stabbing pain, popping, warmth and stiffness. The injured worker rates the pain at 9/10. Examination of the left knee demonstrated painful range of motion with mild effusion, patellofemoral crepitation, popping and clicking. There is full hip range of motion and normal sensation to both legs. Current medication is Motrin. The injured worker is Permanent and Stationary (P&S). Treatment plan consists of a signed opiate agreement, start Norco and the current request for a left knee cortisone injection.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Left knee cortisone injection: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Knee.

Decision rationale: The CA MTUS ACOEM and the ODG guidelines recommend that interventional pain injections can be utilized for the treatment of persistent severe joints pain when conservative treatments with medications and PT have failed. The records indicate that the severe knee pain had not responded to conservative treatment with medications or PT. The patient had completed 2 surgical interventions but he is still experiencing severe pain and limitation of function. The criteria for left knee cortisone injection was met. Therefore, the requested treatment is medically necessary.